

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

<b>LUANN PARKER,</b>	:	Case No. C-1-00-766
Plaintiff,	:	
	:	JUDGE Susan J. Dlott
v.	:	
	:	<b>LIST OF EXHIBITS ATTACHED</b>
<b>AVENTIS PASTEUR INC.,</b>	:	<b>MEMORANDUM IN</b>
Defendant.	:	<b>OPPOSITION TO DEFENDANT'S</b>
	:	<b>MOTION FOR SUMMARY</b>
	:	<b><u>JUDGMENT</u></b>

Exhibit 1 - Affidavit of Dr. Scott E. Woods, M.D., M.P.H., M.Ed., F.A.A.F.P. and his Curriculum Vitae.

Exhibit 2 - Office Records of Stephen Brewer, M.D., Emergency Room Report October 13, 1998.

Exhibit 3 - Office Records of Stephen Brewer, M.D., October 15, 1998. Letter from Dr. Rorick to Dr. Brewer.

Exhibit 4 - Hospital Records of Luann Parker at Bethesda North Hospital, 10/21/98 - 10/25/98.

Exhibit 5 - Hospital Records of Luann Parker at Bethesda North Hospital, 10/28/98 - 11/9/98.

Exhibit 6 - Hospital Records of Luann Parker at Bethesda North Hospital, 11/10/98

Exhibit 7 - Hospital Records of Luann Parker at Bethesda North Hospital, 11/14/98.

Exhibit 8 - Hospital Records of Luann Parker at Bethesda North Hospital, 12/26/98.

Exhibit 9 - Hospital Records of Luann Parker at Bethesda North Hospital, 1/5/99.

Exhibit 10 - Affidavit of Dr. David A. Greisemer, M.D. and his Curriculum Vitae.

Exhibit 11 - Defendant's Neurological Expert Report

## AFFIDAVIT OF SCOTT E. WOODS MD, MPH, M.Ed., FAAFP

Hamilton County, Ohio

Scott E. Woods MD, MPH, M.Ed., FAAFP, being under oath or affirmation, says:

1. I am a physician licensed to practice medicine in the State of Ohio.
2. I am board certified by American Board of Family Practice.
3. I received Masters Degree in Public Health in Epidemiology from The University of North Carolina at Chapel Hill.
4. I am the Director of Epidemiology at Bethesda Family Medicine Residency Program.
5. The attached *curriculum vitae* accurately depicts my professional qualifications.
6. It is my opinion based upon reasonable scientific and medical certainty that influenza vaccine for a given year is not amenable to prospective epidemiological studies specifically for rare adverse effects.

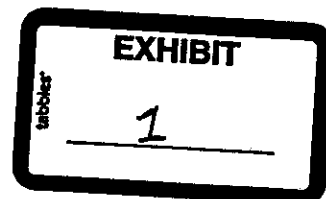
WITNESS affiant's signature on this 23<sup>rd</sup> day of September 2004.

{Signature of affiant}

Sworn and subscribed before me a notary public in and for the State of Ohio on the date shown above



MICHELE LOUISE MAGNUS  
Attorney at Law  
Notary Public, State of Ohio  
My Commission Has No Expiration  
Section 147.03 R.C.



## Curriculum Vitae

### Scott E. Woods MD, MPH, M.Ed., FAAFP

[liverdoctor@yahoo.com](mailto:liverdoctor@yahoo.com)

Home Address:  
6644 San Mateo Drive  
Cincinnati, Ohio 45069  
(513) 759-9105

Birthplace: Cincinnati, Ohio  
Birthdate: December 11, 1960  
Spouse: Celina Woods  
Children: Kasi & Amy

### Lifelong Professional Goal

To be the inspirational leader of a family practice residency program.

### Current Professional Position

Bethesda Family Practice Residency Program 1999-present  
Director of Epidemiology  
Director of Recruitment  
4411 Montgomery Rd, Suite 200, Cincinnati, Ohio 45212  
Large research, teaching and patient care responsibilities in a 6-6-6 program.  
Research Interest: The influence of gender & race on health outcomes.

Surgical Faculty, Good Samaritan Hospital General Surgical Residency Program  
2000-present  
Large research and lecturing responsibilities

Primary Investigator, SELECT Trial, Bethesda Hospital Study Center. 2000-2012  
Large randomized clinical trial to prevent prostate cancer, sponsored by the NCI

### Previous Professional Positions

The University of North Carolina at Chapel Hill, Adjunct Clinical Instructor 1995-1999  
Patient care, research and teaching responsibilities.

Cary Primary Care, Private practice, Cary, North Carolina  
1995-1999  
Full spectrum family practice

### Fellowships

NRSA Primary Care Research Fellowship, (PGY 6 - 8) 1992-1995  
The University of North Carolina at Chapel Hill

**Robert Wood Johnson Core Curriculum**

Three-year research fellowship sponsored by the National Institute of Health

1992 Faculty Development Fellowship (PGY 5) 1991-  
 Duke University Medical Center  
 Department of Family Medicine  
 Full-time fellowship with teaching, patient care, administrative and research responsibilities.

**Residency**

1991 Chief Resident (PGY 4), Bethesda Hospital, Cincinnati, Ohio 1990-  
 Junior faculty position as an attending physician.  
 1990 Resident in Family Medicine, Bethesda Hospital, Cincinnati, Ohio 1987-  
 1997 Diplomate of the American Board of Family Practice 1990-  
 2004 Recertified, ABFP 1997-  
 2011 Recertified, ABFP 2004-  
 Diplomate of the National Board of Medical Examiners 1988  
 Medical License, State of Ohio 1988-  
 present

**Education**

1998 Masters in Education in Curriculum and Instruction 1993-  
 The University of North Carolina at Chapel Hill  
 Thesis: A Qualitative Evaluation of the Faculty Development Fellowship at UNC  
 (published)  
 Masters in Public Health in Epidemiology  
 1992-1995  
 The University of North Carolina at Chapel Hill  
 Thesis: Collegial Networking and Faculty Vitality: A case-control study (published)  
 1987 Doctor of Medicine 1983-  
 The University of Cincinnati College of Medicine  
 Graduated in top third of class  
 1983 Bachelor of Science in Biochemistry 1979-  
 Xavier University, Magna Cum Laude

Thesis: Zinc radioactivity and its deposition in fish organ systems

## Publications

- Woods S, Smith JM, Sohail S, Sarah A, Engle A. The Influence of Type 2 Diabetes Mellitus in Patients Undergoing Coronary Artery Bypass Graft Surgery: An Eight-year Prospective Cohort Study. *Chest* 2004 (In press).
- Woods S, Smith JM, Engle A, Hiratzka L. Predictors of Stroke in Patients Undergoing Coronary Artery Bypass Graft Surgery: A Prospective, Nested, Case-Control Study. *J Stroke Cerebrovascular Dis.* 2004 (in press).
- Lewis C, Woods S, Lohr J, Poynter M, Engel A, Rusche J. *Level of Education and Patient Opinion: Significant Differences in Perceptions of Health Care.* *Current Surgery.* 2004 (In press).
- Nash A, Woods S, Awada S. *Pheochromocytoma.* Resident and Staff Physician. 2004 (In press).
- Silva W, Kleeman S, Segal J, Pauls R, Woods S, Karraam M. *Effects of A Full Bladder and Patient Positioning of Pelvic Organ Prolapse Assessment.* *Obstetrics and Gynecology* 2004 (In press).
- Berson, A, Smith JM, Woods S, Hasselfeld K, Hiratzka L. *Off-pump versus on-pump coronary artery bypass surgery: does the pump influence outcomes?* *J Am Coll Surg* 2004;199:102-108.
- Recht M, Smith JM, Woods S, Engle A, Hiratzka L. *Predictors and outcomes of gastrointestinal complications in patients undergoing coronary artery bypass graft surgery: A prospective, nested case-control study.* *J Am Coll Surg* 2004;198:742-747.
- Powell, K, Smith JM, Woods S, Hendy MP, Engle A. *Coronary Artery Bypass Grafting in Patients with Dialysis-Dependent End Stage Renal Disease.* *J Card Surg* 2004 (In press).
- Woods S, Heidari Z. *The influence of gender on patient satisfaction.* *J Gender-specific Med* 2003;6:30-35.
- Awaida JP, Woods S, Doerzbacher M, Gonzales Y, Miller T. *Four Cut Sinus CT in Screening for Sinus Disease.* *Southern Medical Journal* 2004;97:18-20.
- Woods S, Smith JM, Engel A, Hiratzka L. *Predictors of Stroke in Patients Undergoing Coronary Artery Bypass Graft Surgery: A Prospective, Nested, Case-Control Study.* *Chest* 2003;124(4):159s.
- Recht M, Smith JM, Woods S, Engle A, Hiratzka L. *Predictors and outcomes of gastrointestinal complications in patients undergoing coronary artery bypass graft surgery: A prospective, nested case-control study.* *Chest* 2003;124 (S):159s.

- Woods S, Smith JM, Engel A, Hiratzka L. *Predictors of Stroke in Patients Undergoing Coronary Artery Bypass Graft Surgery: A Prospective, Nested, Case-Control Study*. *Circulation* 2003;107:e131.
- Woods S, Narayanan K, Engel A. *Colon Cancer and Gender: Do we find the disease earlier in either Sex?* *J Women's Health* 2003;12:425.
- Avelar E, Woods S, Doerzbacher M, Gonzales Y. *The Influence of Multiple variables on the Prevalence of aspirin Prescribing in Patients with known Coronary Artery Disease*. *HEARTDRUG* 2003;3:82-86.
- Awada S, Grisham A, Woods S. *A Large Dopamine-secreting Pheochromocytoma*. *Southern Medical Journal* 2003;96:914-917.
- Woods S, Sorscher J, King J. *The Influence of Gender in Young Adults admitted for Asthma*. *J Women's Health* 2003;12:481-485.
- Rivera E, Woods S. *The prevalence of asymptomatic C. difficile in a nursing home population*. *J Gender-specific Med* 2003;6[2]:27-30.
- Woods S, Noble G, Smith JM, Hasselfeld K. *The Influence of Gender in Patients Undergoing Coronary Artery Bypass Graft Surgery: An eight-year prospective Hospitalized Cohort Study*. *J Am Coll of Surg* 2003; 196: 428-434.
- Woods S. *What Cancer are you at Risk to Develop at your Age? (Female)* *Vibrant Life* 2002;6:8-13.
- Rosenbaum C, Woods S, Hasselfeld K. *The correlation of the change in the International Normalized Ratio and the need to decrease the Dosage of Coumadin*. *Orthopedics* 2002;25:1359-1363.
- Berson, A, Smith JM, Woods S, Hasselfeld K, Hiratzka L. *Off-pump versus on-pump coronary artery bypass surgery: does the pump influence outcomes?* *Chest* 2002;122:40S.
- Woods S, Smith JM, Noble G, Hasselfeld K, Hiratzka L. *The Influence of Gender in Patients undergoing Coronary artery Bypass Surgery*. *Chest* 2002;122:97S.
- Johnson M, Smith JM, Woods S, Hendy MP, Hiratzka L. *Cardiac Surgery in Octogenarians: Does age alone influence outcomes?* *Chest* 2002;122:41S.
- Berson, A, Smith JM, Woods S, Hasselfeld K, Hiratzka L. *Off-pump versus on-pump coronary artery bypass surgery: does the pump influence outcomes?* *J Am Coll Surg* 2002;195:s24.
- Smith JM, Woods S, Hasselfeld K, Engel A, Hiratzka L. *The Influence of Race in Patients undergoing Coronary artery Bypass Surgery: A Prospective Hospitalization Study*. *Circulation* 2002;102:P116.
- Woods S, Smith JM, Noble G, Hasselfeld K, Hiratzka L. *The Influence of Gender in*

*Patients undergoing Coronary artery Bypass Surgery.* Circulation 2002;102:P89.

King J, Woods S, Sorscher J. *The Influence of Gender in Young Adults admitted for Asthma.* J Women's Health & Gender-Based Med 2002;11:317(P-4).

Woods S. *The Influence of Gender in Patients undergoing Coronary artery Bypass Surgery: A Prospective Hospitalization Study.* J Women's Health & Gender-Based Med 2002;11:317 (P-1).

Weinberg E, Woods S, Grannan K, Hendy MP. *The Influence of the Gender of the Surgeon on Surgical Procedure Preference for Breast Cancer.* Amer Surg 2002;68:398-400.

Woods S. *What Cancer are you at Risk to Develop at your Age? (Male)* Vibrant Life 2002;3:24-28.

Woods S, Chandran P. *The Influence of Gender on Cardiovascular Outcomes in Patients with an Acute Myocardial Infarction: A Hospitalized Cohort Study.* J Fam Prac 2002;51:237-240.

Woods S. *Preventing Prostate Cancer for our Sons and Grandsons: Can Selenium and Vitamin E lower the risk?* Vibrant Life 2002;1:22-23.

Powell, K, Smith JM, Woods S, Hendy MP. *Coronary Artery Bypass Grafting in Patients with Dialysis-Dependent End Stage Renal Disease.* J Am Coll Card 2002;39:418A.

Woods S. *A Qualitative Assessment of One Cohort from the University of North Carolina Faculty Development Fellowship.* Fam Med 2002;34:128-133.

Woods S., Raju U. *Maternal Smoking and the Risk of Congenital Birth Defects: A Cohort Study.* J Amer B Fam Pract 2001;14:330-4.

Woods S. *Reply, Letter to the Editor.* J Amer B Fam Pract 2002;15:85-86.

Woods S. *Can Aspirin Prevent Coronary Heart Disease in Women?* Women's Health in Primary Care 1998;1:210-220.

Woods S., Reid A., Arndt J., Curtis P., Stritter F. *Collegial Networking and Faculty Vitality.* Fam Med 1997;29:45-49.

Woods S., Griggs G. *A Curriculum for Teaching Faculty Budgeting and Financial Management Skills.* Fam Med 1994;26:587-589.

Lewis D., Woods S. *Fetal Alcohol Syndrome.* American Family Physician 1994;50:1025-1032.

Woods S. *Aspirin and the Primary Prevention of Myocardial Infarction in Women*. Arch Fam Med. 1994;3:361-364.

Woods S., Hitchcock M., Meyer A. *Alcoholic Hepatitis*. American Family Physician 1993;47:1171- 1178.

Meyer A., Woods S. *Hepatitis*. Monograph, American Family Physician Home Self Assessment, No. 163, 1992.

Woods S., Colon F. *Wilson's Disease*. American Family Physician 1989;40:171-178.

## Research Presentations

"The Influence of Gender in patients diagnosed with Colon Cancer." The Society of Teachers of Family Medicine Annual spring convention. Toronto, Canada May 13 – May 16, 2004.

"Predictors of Stroke in patients undergoing CABG surgery" Chest, Orlando, FL October 28-30,2003.

"Predictors and outcomes of gastrointestinal complications in patients undergoing coronary artery bypass graft surgery: A prospective, nested case-control study." Chest, Orlando, FL, October 28-30,2003.

"The Influence of Gender in patients diagnosed with Colon Cancer." AAFP Scientific Assembly. New Orleans, Oct 1 – Oct 6, 2003.

"The Influence of Gender in patients diagnosed with Colon Cancer." 11<sup>th</sup> Annual Congress on Women's Health. Hilton Head Island. May 30 – June 2, 2003.

"Predictors of Stroke in patients undergoing CABG surgery" American Heart Association Asia Pacific scientific Forum, Honolulu, Hawaii, June 8-10,2003.

"The Influence of Gender on Cardiovascular Outcomes in Patients Undergoing CABG surgery: A Hospitalized Cohort Study." NAPCRG, New Orleans, LA, November 17-20, 2002.

"The Influence of Gender on Cardiovascular Outcomes in Patients Undergoing CABG surgery: A Hospitalized Cohort Study." American College of Chest Physicians, San Diego, CA November 4 –8, 2002.

"Cardiac Surgery in Octogenarians: Does Age Alone Influence Outcomes?." American College of Chest Physicians, San Diego, CA November 4 –8, 2002.

"Off-pump Versus On-pump Coronary Artery Bypass surgery: Does the pump Influence Outcome." American College of Chest Physicians, San Diego, CA November 4 – 8, 2002.



**"Off-pump Versus On-pump Coronary Artery Bypass surgery: Does the pump Influence Outcome."** American College of Surgery, San Francisco, CA, October 6-10, 2002.

**"The Effect of Race on CABG Surgery"** 4<sup>th</sup> Scientific Forum on Quality of Care and Outcomes research in Cardiovascular Disease and Stroke. American Heart Association, October 13, 2002, Washington DC

**"The Influence of Gender in Patients undergoing CABG Surgery: A hospitalized Cohort Study"** 4<sup>th</sup> Scientific Forum on Quality of Care and Outcomes research in Cardiovascular Disease and Stroke. American Heart Association, October 13, 2002, Washington DC

**"The Influence of Gender on Cardiovascular Outcomes in Patients Undergoing CAGB surgery: A Hospitalized Cohort Study."** Congress on Women's Health, Hilton Head Island, SC May 18-21, 2002.

**"The Influence of the Gender of the Surgeon on surgical procedure preference for breast cancer."** Congress on Women's Health, Hilton Head Island, SC May 18-21, 2002.

**"Coronary artery by-pass surgery in patients with dialysis dependent end-stage renal failure: A nested case-control study."** Amer Coll of Card, Atlanta, GA March 14-17, 2002.

**"Maternal Smoking and the Risk of Congenital Birth Defects."** AAP Annual Spring Conference, San Francisco, CA, October 19-24, 2001.

**"The Influence of Gender on Cardiovascular Outcomes in Patients with an Acute Myocardial Infarction: A Hospitalized Cohort Study."** AAFP Scientific Assembly, Atlanta, GA, October 3 -7, 2001.

**"The Influence of Gender on Cardiovascular Outcomes in Patients Undergoing CAGB surgery: A Hospitalized Cohort Study."** AAFP Scientific Assembly, Atlanta, GA, October 3 -7, 2001.

**"Maternal Smoking and the Risk of Congenital Birth Defects."** STFM Annual Spring Conference, Denver Co, April 28 – May 2, 2001.

**"The Influence of Gender on Cardiovascular Outcomes in Patients with an Acute Myocardial Infarction: A Hospitalized Cohort Study."** STFM Annual Spring Conference, Denver CO, April 28 – May 2, 2001.

**"The Influence of Gender on Cardiovascular Outcomes in Patients with an Acute Myocardial Infarction: A Hospitalized Cohort Study."** Bristol-Myers Squibb National Family Medicine Research Forum, Ft. Lauderdale, Fl., December 3, 2000.

**"International Medical Graduates in Family Practice Residency Programs: Facing Our Prejudice."** 33<sup>rd</sup> Annual STFM Spring Conference, Orlando, Fl., May 5, 2000.

"Developing the Faculty Developer for Success Beyond 2000" 32nd Annual STFM Spring Conference, Seattle, April 28, 1999.

"Qualitative Case Study of the Faculty Development Fellowship at The University of North Carolina at Chapel Hill" 32nd Annual STFM Spring Conference, Seattle, April 28, 1999.

"Career Dilemmas Encountered By Family Medicine Faculty" Mead Johnson Family Medicine Research Forum, Ft. Lauderdale, Fl., December 3, 1992.

## Grant Support

American Cancer Society, Ohio Academy of Family Physicians,  
\$1000 Cancer Research/Resident Education Grant, 2004

Bethesda Foundation, \$118,200 for Bethesda Family Practice Sports Medicine Fellowship Start-up Funds, 2003.

Bethesda Foundation, \$176,000 for "Chromium and Gestational Diabetes" 2003.

Southwest Ohio Association of Family Physicians, \$500 for "The prevalence of Asymptomatic C. diff. in a nursing home population" 2000.

Bethesda Foundation, \$3500 for "The prevalence of asymptomatic C. diff. in a nursing home population" 2000.

UNC Chapel Hill, School of Medicine, \$6,000 for master's thesis, "Qualitative Case Study of the Faculty Development Fellowship at The University of North Carolina at Chapel Hill" 1997.

## Community Service

1999	Volunteer, Agape Corner, Durham, NC	1993-
1999	Volunteer Physician SHACC Clinic, Chapel Hill, NC	1992-
	Meals on Wheels, Community volunteer, Durham, NC	1992
1992	Medical Director, Madison Place Volunteer Fire Department	1989-
	Wyoming Volunteer Fire Department	1976-

1983

Volunteer Fireman and Emergency Medical Technician

**Honors**

Third Place, Attending Division, Forth Annual TriHealth Research Competition 2004

Nominee, Innovator Category, 7<sup>th</sup> Annual Health Care Heroes Awards 2004  
 One of 53 healthcare professionals in the Cincinnati area nominated in one of six categories, sponsored by the Cincinnati Business Courier.

Fellow, American Academy of Family Physicians 2003

First place, Clinical Science Research Award 2003  
 Ohio Chapter of the American College of Surgeons

Second Place Research Award, 11<sup>th</sup> Annual Congress on Women's Health 2003  
 Hilton Head Island, May 2003.

First Place, Attending Division, Third Annual TriHealth Research Competition 2003

Teacher of the Year, Bethesda Family Practice Residency Program  
 2002

Second Place, American Academy of Family Physicians Scientific Assembly  
 2001

Research Presentations Oct. 7, 2001, Atlanta, GA.

First Place, Attending Division, First Annual TriHealth Research Competition 2001

Teacher of the Year, Bethesda Family Practice Residency Program  
 2000

Finalist, Walter Kemp Award, American Family Physician  
 1995

For *Fetal Alcohol Syndrome* 1994;50:1025-1032.

Letter of Commendation, Children's Hospital Medical Center 1985  
 Cincinnati, Ohio

Honorary Fireman, City of Wyoming 1984

Magna Cum Laude, Xavier University 1983

Outstanding Leadership and Volunteer Service Award, City of Wyoming 1977

**Professional Affiliations**

The Society of Teachers of Family Medicine  
present  
American Academy of Family Physicians  
1983-present

1993-

### **Activities and Hobbies**

Antique sports cars (I own an original 1965 Mustang Fastback), music, running, and reading.

BETHESDA TRIHEALTH GOOD SAMARITAN  
CINCINNATI, OHIO

ROOM # : DER-N

EMERGENCY ROOM REPORT



PATIENT NAME : PARKER LUANN E  
CASE NUMBER : 924208  
DOCTOR : KURT KNOCHER, MD  
DICTATING DOCTOR :  
REFERRING DOCTOR :  
CONSULTING DOCTOR: Brewer S. C. Fam Madeira Fam Pracmd, MD

DATE: 10/13/98

CHIEF COMPLAINT: Headache.

HISTORY: A 52-year-old female yesterday had a headache that she saw her physician for. She said it actually started a couple of days ago, was gradual in onset. Had been to the neck and occipital scalp. Now today is localized in the right frontal area. It is sharp. She cannot identify any exacerbating or relieving factors. It does not feel like migraines that she has had in the past. She also has noted feeling numb over the whole body today, particularly in the hands. She could not identify any particular fingers that were more numb than any others. She has not noticed any weakness, but has noticed some difficulty in thinking, in that yesterday when she went to Wendy's, she just didn't realize that she would have to roll down her window to order a Coke and this morning when she was driving home, she couldn't decide how to drive into her driveway. It was just hard for her to judge where to turn. She has not noticed any problems like this in the past.

PAST MEDICAL HISTORY: Is remarkable for diabetes and hypertension.

CURRENT MEDICATIONS: Midrin, Adalat, Clonidine, and Glucotrol.

ALLERGIES: She has an allergy to codeine, which is really a gastric intolerance.

SOCIAL HISTORY: Lives at home.

REVIEW OF SYSTEMS: No fevers, chills, chest pain, shortness of breath, focal numbness or weakness, leg pain or swelling.

PHYSICAL EXAMINATION: A 52-year-old female in no apparent distress. Blood pressure: 145/83. Temp: 97.9°. Pulse: 76. Respirations: 20. Head: Normocephalic, atraumatic. ENT: The tympanic membranes and oropharynx are clear. Neck: Supple, no jugular venous distention or bruits. Respiratory: Lungs clear. Cardiovascular: Heart regular rate and rhythm, no click, murmur, gallop, or rub. Abdomen: Soft, nontender, no palpable masses, no hepatosplenomegaly. Extremities: Good peripheral pulses. Neurologic: Alert, oriented x 3. Cranial nerves 2-12 are normal. Ocular fundi are benign. Visual fields are intact to confrontation. Grip strength: Equal. No pronator drift. Cerebellar function intact, finger-to-nose. Leg strength: Symmetrical.

EMERGENCY ROOM REPORT  
3 COPY

PAGE 1

4

BETHESDA TRIHEALTH GOOD SAMARITAN  
CINCINNATI, OHIO

ROOM # :

EMERGENCY ROOM REPORT

PATIENT NAME : PARKER LUANN E  
CASE NUMBER : 924208  
DOCTOR : KURT KNOCHER, MD

Gait: Normal.

ED COURSE: Due to the patient's complaint of difficulty thinking along with the headache that was unusual for her, we did go ahead and get a CT of the head and that has shown some atrophy, which is a bit unusual for a lady of age 52. We also found her glucose to be elevated at 342.

DISCHARGE INSTRUCTIONS: The case was discussed with Dr. Weiskittel, who is on call for Dr. Brewer, and the patient, at this point, will be given Vicodin for pain, is to follow up with him in the office in the next couple of days for further evaluation of the atrophy. There is a bit of concern that she may have an early dementia.

ASSESSMENT: Headache.

PLAN: As above.

---

KURT KNOCHER, MD

JSP

D: 10/13/98

T: 10/17/98

## BETHESDA HOSPITALS • CINCINNATI, OHIO

3/2/01  
 17  
 (ADDRESSOGRAPH)  
 PRINCIPAL DIAGNOSIS EXPLAINING ADMISSION:  
 01/19/45

PRINCIPAL DIAGNOSIS. The condition established after study to be chiefly responsible for occasioning the admission of the patient for care.

CODE

ONE DIAGNOSIS ONLY PLEASE

1. *acute cerebritis*  
 SECONDARY DIAGNOSIS INCLUDING COMPLICATIONS (USE NO ABBREVIATIONS) A diagnosis, other than the principal diagnosis, that describes a condition for which a patient receives treatment or which the physician considers of sufficient significance to warrant inclusion for investigative medical studies.

2. *post influenza vaccine reaction*  
 3. 7.

4. 8.

5. 9.

OPERATIONS AND/OR TREATMENT DURING ADMINISTRATION



HOSPITAL COURSE, INCLUDING SIGNIFICANT EXAMINATIONS AND REPORTS DATE

## DISCHARGE INSTRUCTIONS AS PERTINENT:

☐ SEE DISCHARGE SUMMARY

DIET ☒ Regular:

☐ Special:

## ACTIVITY LIMITATIONS:

☐ None

☒ Explained to patient

## FOLLOW-UP INSTRUCTIONS:

To office in: *48 hr*

Referral:

☐ Call in case of problems

Instructed re:

☐ Medications, dressings, etc.

## CONSULTANT(S):

*Ranick*

## PRESCRIPTIONS:

☐ None

List: *Arturo*

## RESULTS:

☐ RECOVERED

☐ DIED

☐ DELIVERED

☐ AUTOPSY

☒ IMPROVED

☐ CORONERS CASE

☐ NOT IMPROVED

☐

## IF MALIGNANCY PRESENT, INDICATE STATE

☐ IN SITU

☐ REGIONAL

☐ LOCAL

☐ DISTANT

## THIS STATEMENT REQUIRED BY FEDERAL LAW

I CERTIFY THAT THE NARRATIVE DESCRIPTIONS OF THE PRINCIPAL AND SECONDARY DIAGNOSIS AND THE MAJOR PROCEDURES PERFORMED ARE ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

## BETHESDA HOSPITALS • CINCINNATI, OHIO

**PRINCIPAL DIAGNOSIS.** The condition established after study to be chiefly responsible for occasioning the admission of the patient for care.

(ADDRESSOGRAPH)

CODE

PRINCIPAL DIAGNOSIS EXPLAINING ADMISSION:

Post Flu Shot *Cerebrum* ONE DIAGNOSIS ONLY PLEASE

1. PARKER, JUAN E OBSV

SECONDARY DIAGNOSIS INCLUDING COMPLICATIONS (USE NO ABBREVIATIONS) A diagnosis, other than the principal diagnosis, that describes a condition for which a patient receives treatment which the physician considers of sufficient significance to warrant inclusion for investigative medical studies.

2. *Spontaneous induced Diabetes* ENTERED 10/27/98

3. 4. 5. 6. 7. 8. 9.

OPERATIONS AND/OR TREATMENT DURING ADMINISTRATION

EXHIBIT

5

HOSPITAL COURSE, INCLUDING SIGNIFICANT EXAMINATIONS AND REPORTS

DATE

*D. C. fatal*  
*4/23/99*

## DISCHARGE INSTRUCTIONS AS PERTINENT:

☒ SEE DISCHARGE SUMMARYDIET: ☐ Regular:  
☐ Special:

## ACTIVITY LIMITATIONS:

☐ None  
☐ Explained to patient

## FOLLOW-UP INSTRUCTIONS:

To office in: \_\_\_\_\_

Referral: \_\_\_\_\_

☐ Call in case of problems

Instructed re: \_\_\_\_\_

☐ Medications, dressings, etc.

## CONSULTANT(S):

## PRESCRIPTIONS:

☐ None

List: \_\_\_\_\_

4

## RESULTS:

☐ RECOVERED ☐ DIED  
☐ DELIVERED ☐ AUTOPSY  
☒ IMPROVED ☐ CORONERS CASE  
☐ NOT IMPROVED ☐

## IF MALIGNANCY PRESENT, INDICATE STATE

☐ IN SITU ☐ REGIONAL  
☐ LOCAL ☐ DISTANT

THIS STATEMENT REQUIRED BY FEDERAL LAW  
I CERTIFY THAT THE NARRATIVE DESCRIPTIONS  
OF THE PRINCIPAL AND SECONDARY DIAGNOSIS  
AND THE MAJOR PROCEDURES PERFORMED ARE  
ACCURATE AND COMPLETE TO THE BEST OF MY  
KNOWLEDGE

SIGNATURE OF RESIDENT

SIGNATURE OF ATTENDING PHYSICIAN

DATE

4/28/99



11/10/98 03:44 AM  
MEDICAL RECORDS TRANSCRIPTION  
PARKER LUANN E

PAGE 002

(QAXNOR)

099802772403

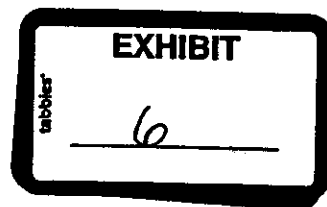
MM#:738579

BETHESDA TRIHEALTH GOOD SAMARITAN  
CINCINNATI, OHIO

ROOM # : 844401

CONSULTATION REPORT

PATIENT NAME : PARKER LUANN E  
CASE NUMBER : 073906  
HAD SHINGLES.



PERSONAL/SOCIAL HISTORY: SHE IS DIVORCED. TWO CHILDREN. NO HISTORY OF SMOKING OR ALCOHOL USE.

ALLERGIES: CODEINE.

MEDICATIONS: SHE IS NOW ON ORAL DEXAMETHASONE 4 MG Q 6 HOURS, BLOOD PRESSURE MEDICATION, AND ALSO HER INSULIN AND GLIPIZIDE.

PHYSICAL EXAMINATION:

HEENT: MOUTH IS CLEAR. NECK SUPPLE.

SHE MOVES ALL EXTREMITIES.

CHEST/LUNGS: CLEAR BREATH SOUNDS BILATERALLY.

HEART: REGULAR RATE AND RHYTHM, NO MURMURS.

ABDOMEN: SOFT AND NONTENDER.

HER GAIT IS EXTREMELY UNSTEADY AND ATAXIC. WHEN SHE SITS UP IN BED SHE FEELS VERY UNSTEADY AND COMPLAINED OF HEADACHE AT THAT TIME.

ASSESSMENT: PLAN: SEVERE ATAXIA, STATUS POST A FLU SHOT. I DID CONTACT THE CDC AND I HAVE TALKED TO DR. CAROLYN BRIDGES, ONE OF THE DOCTORS RESPONSIBLE FOR THE BUNCH OF FLU VACCINE, AND SHE STATES THAT THIS WHOLE PICTURE COULD BE SECONDARY TO THE FLU SHOT ALTHOUGH IS VERY RARE SUCH REPORT. UNFORTUNATELY, THAT COULD BE A REACTION TO THE FLU SHOT OR IT COULD BE COINCIDENTAL THAT THE PATIENT HAS ACUTELY DEVELOPED MS AFTER THE FLU SHOT, OR SHE COULD HAVE ANOTHER INFLAMMATORY VERSUS A DEMYELINATING PROCESS. VASCULITIS IS STILL A CONSIDERATION AND WE ORDERED ANCA. HER SED RATE WAS ONLY 10. WOULD BE UNLIKELY ACUTE ENCEPHALITIS SECONDARY TO HERPES VIRUS WITH THE FINDINGS OF THE MRI SCAN PLUS THE FACT THE PATIENT HAS BEEN AFEBRILE, ETC. HOWEVER, WE WILL ORDER SOME HERPES TITERS GIVEN THE FACT THE RECENT REPORT RAISES SOME SORT OF SUSPICION BETWEEN MS AND HERPES INFECTION.

THANK YOU VERY MUCH FOR ALLOWING US TO PARTICIPATE IN THE EVALUATION AND CARE OF THIS PATIENT. SINCERELY YOURS,

-----  
SILVANIA NG, M.D.

MR-1B-4385  
11/18/98 11:55 AM

BETHESDA HOSPITAL



GBP\$\$\$P

PARKER LUANN E  
D9980277-2405  
DAVLIN ERIN MD

SEX:F AGE: 52  
ADM DATE:11/14/98  
MM#:739310 MS:D

\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*  
\*\*\*\*\*

PHONE(Y/N/U):Y

AKA:

SOCIAL SEC#:284-44-6073 RACE:W

STREET:4747 HUNT ROAD

PT CLASS:0

COUNTY:HAM RELIGION:PRT

CITY/ST:CINCINNATI,OH

ZIP:45242

PHONE:513-9843928

BIRTHDATE:01/18/46

CHURCH:

EMPLOYER NAME:RETIRED

MAIDEN NAME:

EMP STREET:

MAIDEN NAME RETAINED:

EMP C/S/Z:

OCCUPATION:

EMP PHONE:

HOW LONG:

INFO RELEASED: Y

ADM DIAG:PROBABLE DEEP VEIN THROMBOSIS LT LEG

PROCEDURE:

LAST VISIT DATE:

LAST DISG DATE:

LMP:

ADMIT PHYSICIAN:DAVLIN ERIN MD

1793

CONS/PRIMARY CARE MD:CNA MD

1564

ADMIT TYPE:1 ROOM/BED:

ACCOM:1

SERV:MED

FIN CL:3

ADMIT TIME:08:48PM

ADMIT SAME DAY

PT AUTHORIZES PHONE: YES

PT AUTHORIZES TV W/BASIC SERV

UB TYPE:81

AD SOURCE:7

TIME:

DISCH DATE:11/17/98

REF FACILITY:

SPOUSE

NAME:

WORK PHONE:

EMPL NAME:

EMPL STREET:

EMPL C/S/Z:

NEAREST RELATIVE

NAME:CORUM TRUDY

STREET:

CITY/ST/ZIP:

PHONE HOME:513-7316114 WORK:

RELATIONSHIP:T

RESPONSIBLE PARTY

NAME:PARKER,LUANN E

STREET:4747 HUNT ROAD

CITY/ST:CINCINNATI,OH

ZIP: 45242

PHONE:513-9843928

RELATIONSHIP:P

SOCIAL SEC#: 284-44-6073

EMP NAME:RETIRED

EMP STREET:

EMP C/S/Z:

PHONE:

OCCUPATION:

HOW LONG:

ACCIDENT/CRIME DATA

NATURE OF ACCIDENT:

ACCIDENT DATE:

ACCIDENT TIME:

ACCIDENT PLACE:

AMERICAN DISABILITY ACT: N

PRIMARY CARE MD ADDRESS:

PARKER LUANN E

PP

AC:RO

ECIDE

B4-NX-8328

BETHESDA HOSPITAL

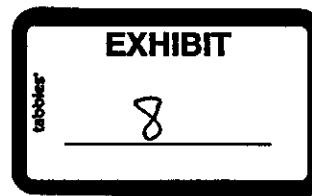
MEDICAL RECORDS TRANSCRIPTION 12/28/98 10:17 PM (000LNN) PAGE 001  
PARKER LUANN E D99802772360 B44701 MM#:741065

BETHESDA HOSPITAL  
CINCINNATI, OHIO

ROOM # : B44701

HISTORY AND PHYSICAL

PATIENT NAME : PARKER LUANN E  
CASE NUMBER : 741065  
DOCTOR : STEPHEN C. BREWER, MD  
DICTATING DOCTOR :  
CARBON COPIES :



DATE OF ADMISSION: 12/26/98

DATE OF BIRTH: 01/18/46

INFORMANT: PATIENT'S SISTER.

HISTORY OF PRESENT ILLNESS: A 52-YEAR-OLD WHITE FEMALE WHO WAS RECENTLY HOSPITALIZED X 2 FOR POST FLU SHOT SYNDROME, WHICH CAUSED ATAXIA AND DIZZINESS. THE PATIENT WAS ALSO HOSPITALIZED FOR RECENT DVT OF LEG.

THIS 52-YEAR-OLD WHITE FEMALE HAS BEEN TRIED TO BE WEANED FROM HER DECADRON FOR CEREBRITIS. THE PATIENT HAS BEEN TAKING A TOTAL OF 6.5 MG A DAY. FOUR DAYS AGO, THE PATIENT STARTED TO SAY INAPPROPRIATE THINGS SUCH AS SPEAKING AND TALKING TO HER DEAD MOTHER. SHE HAS ALSO BEEN NOTED TO HAVE INCREASED MOVEMENT OF HER BODY, WHICH SHE STATES WERE BEING MOVED BY HER DEAD MOTHER. THE PATIENT HAS ALSO BEEN NOTED TO BE SCREAMING AND VERY INAPPROPRIATE AT HOME. THE PATIENT HAS BEEN QUITE COMBATIVE. THE PATIENT WAS TAKEN TO THE EMERGENCY ROOM THE DAY PRIOR TO ADMITTED AND LAB STUDIES WERE ALL NORMAL. THE PATIENT WAS FOUND ON THE FLOOR, ROCKING BACK AND FORTH, STATING THAT SHE WAS TO CHANGE THE FLOW OF HER INTERNAL FLUIDS FROM RIGHT TO LEFT RATHER THAN UP AND DOWN. SHE WOULD DO THIS FOR SEVERAL HOURS AT A TIME. IT WAS DECIDED TO ADMIT THE PATIENT AT THIS TIME.

PAST MEDICAL HISTORY:

1. HISTORY OF TYPE II DIABETES.
2. HISTORY OF HYPERTENSION.
3. HISTORY OF POST FLU SHOT CEREBRITIS, VERY SLOWLY RESOLVING.

MEDICATIONS: TAKES ATIVAN P.R.N., PROCARDIA XL 30 MG Q.D., DECADRON 2 MG IN THE MORNING, 4 MG IN THE EVENING. COUMADIN 2.5 MG A DAY, GLUCOTROL XL 10 MG Q.D., CLONIDINE 0.2 MG AT BEDTIME, ATENOLOL 50 MG Q.D. SHE IS ALSO ON A SLIDING SCALE INSULIN.

FAMILY HISTORY: MOTHER AND FATHER HAD HISTORY OF HEART DISEASE AND HYPERTENSION. FATHER HAD A HISTORY OF CANCER.

SOCIAL HISTORY: NEGATIVE FOR SMOKING AND ALCOHOL USE.

MEDICAL RECORDS TRANSCRIPTION 12/28/98 10:17 PM (ODOLNN) PAGE 002  
PARKER LUANN E 099802772360 B44701 MM#:741065  
BETHESDA HOSPITAL

REVIEW OF SYSTEMS: CARDIOPULMONARY NEGATIVE. GI NEGATIVE. GU  
NEGATIVE. NEURO; STATES THAT SHE HAS DIFFICULTY IN THE MORNING,  
ESPECIALLY TRYING TO GET OUT OF BED. THE PATIENT STATES THAT SHE IS  
STILL UNSTEADY OF GAIT.

PHYSICAL EXAMINATION: THIS IS A MIDDLE AGED CUSHINGOID APPEARING  
WHITE FEMALE WHO IS ALERT TO TIME AND PLACE.

HEAD, EYES, EARS, NOSE & THROAT: HEAD CUSHINGOID. EYES; PUPILS ARE  
EQUALLY ROUND, AND REACTIVE TO LIGHT AND ACCOMMODATION. ENT WITHIN  
NORMAL LIMITS.

NECK: FULL, NO MASSES.

CHEST: LUNGS CLEAR TO PERCUSSION AND AUSCULTATION.

HEART: REGULAR RHYTHM WITHOUT MURMURS OR GALLOPS.

ABDOMEN: SOMEWHAT OBESE. NO ORGANOMEGALY APPRECIATED.

EXTREMITIES: BILATERAL 2+ EDEMA BILATERALLY WITH STRIAE BOTH LEGS.

NEUROLOGICAL EXAMINATION: THE PATIENT GIVES STORY AS STATED IN  
PRESENT HISTORY. THE PATIENT STATES THAT SHE WOULD ROCK BACK AND  
FORTH TO TRY TO MOVE HER FLUIDS FROM SIDE TO SIDE. THE PATIENT'S GAIT  
IS SOMEWHAT UNSTEADY. NORMAL MOTOR AND SENSORY. CRANIAL NERVES II-  
XII INTACT. SOMEWHAT UNSTEADY FINGER NOSE.

ADMITTING DIAGNOSIS:

1. ACUTE PSYCHOSIS, RULE OUT STEROID-INDUCED. RULE OUT EXACERBATION  
OF UNDERLYING CEREBRITIS.
2. STATUS POST FLU SHOT CEREBRITIS.
3. HISTORY OF RECENT DEEP VENOUS THROMBOSIS OF THE LEGS.

-----  
STEPHEN C. BREWER, MD

JLB

D: 12/26/98

T: 12/28/98

END OF REPORT

--\*

## THE CLEVELAND CLINIC FOUNDATION

ONE CLINIC CENTER 9500 EUCLID AVENUE

CLEVELAND, OHIO 44195

(216) 444-2200 • 1-800-CCF-CARE

H5208

## DISCHARGE ORDER

ADMISSION DATE 12/30/98		DISCHARGE DATE 1/5/99	
DISPOSITION			
HOME	OTHER HOSPITAL	HOME HEALTH	INTERMED. CARE
		SKILLED NURSING	AMA
			EXPIRED
			OTHER

2 769 871 9 001

PARKER, LUANN E MS  
N. MAYS

IMPRINT/LABEL

NAME(S) AND PHONE NO.

008 01 18 1946

REFERRING PHYS.: \_\_\_\_\_

FAMILY PHYS.: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_

OTHER PHYSICIAN: \_\_\_\_\_

EXHIBIT

9

PRINCIPAL DIAGNOSIS (REASON AFTER STUDY FOR CAUSING ADMISSION)

- 1.
- ACUTE DEMYELINATING ENCEPHALOMYELITIS

OTHER DIAGNOSIS (ALL OTHER CONDITIONS, INFECTIONS, COMPLICATIONS AFFECTING TREATMENT OR STAY)

2. HYPERTENSION
3. STEROID INDUCED DIABETES
4. PSYCHOSIS - organic
5. MANIC DEPRESSION

OPERATIONS

DATE

INVASIVE PROCEDURES

DATE

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

1. LUMBAR PUNCTURE 12-30-98
2. CEREBRAL ANGIOGRAM 12-31-98
3. \_\_\_\_\_
4. \_\_\_\_\_

PENDING LAB/XRAY RESULTS: \_\_\_\_\_

DISCHARGE INSTRUCTIONS

☐ See attached for additional instructions. Tentative return to work date \_\_\_\_\_DIET ☐ No Restrictions ☐ ADA ☐ LAF ☒ NA Salt OR Specify (include length): CCDACTIVITY ☒ No Restrictions OR Specify (include length): \_\_\_\_\_

MEDICATIONS NAME / DOSE / ROUTE / FREQUENCY / PLANNED DURATION

1. Coumadin 5mg qd po
2. Prednisone 7.5mg qd po 1 wk → 5mg qd 1 wk → 2.5mg qd
3. Risperidone 1mg bid po then stop
4. Glucotrol 20mg qd po
5. Depakote 250mg bid po → 500mg bid if well tolerated as needed

FOLLOW-UP

PHYSICIAN/OTHER

LOCATION

DATE/TIME

TO BE SCHEDULED

PHONE NO.

CCF

MAYS

S91

2-4 week

PRN

\_\_\_\_\_

✓ INR

Next

Monday,

call with

\_\_\_\_\_

(Follow

with primary care physician)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OTHER PHYSICIAN

PLANNED READMISSION

TO: \_\_\_\_\_

DATE: \_\_\_\_\_

PROCEDURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I have received a copy of the above instructions and understand them. I have received my personal belongings and/or valuables slip.

Patient/Significant Other

Registered Nurse

DISCHARGE SUMMARY DICTATED: ☐ YES ☐ NO

DISCHARGE PHYSICIAN: \_\_\_\_\_

SIGNATURE

PRINT NAME

BEEPER NUMBER

LI-LUNA LIM, 27443

**IN THE UNITED STATES DISTRICT COURT  
FOR THE SOUTHERN DISTRICT OF OHIO  
WESTERN DIVISION**

**LUANN PARKER,**  
Plaintiff,

v.

**AVENTIS PASTEUR INC.,**  
Defendant.

:  
:  
:  
:  
:  
:  
:

Case No. C-1-00-766

JUDGE Susan J. Dlott

**Affidavit of David A. Griesemer, M.D.**

David A. Griesemer, M.D., being first duly cautioned and sworn, deposes and states upon personal knowledge as follows:

1. My name is David A. Griesemer.
2. I am a physician licensed to practice medicine in the states of Arizona and South Carolina.
3. I am board certified in Neurology with Special Competence in Child Neurology and in Clinical Neurophysiology.
4. I have attached, as part of this affidavit, my Curriculum Vitae.
5. I have reviewed the medical, hospital, and other records of Ms. Luann Parker.
6. In my review of Ms. Parker's records I found the following:
  - a. Ms. Parker was free of neurological impairment prior to October 10, 1998.
  - b. Ms. Parker was administered an intermuscular injection of Influenza virus vaccine known as Fluzone® on October 10, 1998.
  - c. On October 12, 1998, following this flu vaccine injection, she developed a severe headache, ataxia, vertigo and tingling in her hands.
  - d. On October 12, 1998, Ms. Parker awoke with pain in her neck and occiput and with dizziness.
  - e. On October 13, 1998, with complaints of numbness in her hands, some difficulty thinking and with more severe headaches, Ms. Parker was taken by ambulance to the emergency room of Bethesda North Hospital.

**EXHIBIT**

tabbies

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- f. On October 14, 1998, Dr. Brewer, her primary care physician, referred Ms. Parker to Marvin Rorick, M.D., a neurologist.
- g. On October 15, 1998, she underwent an MRI examination; the finding of the MRI showed a bilateral posterior parietal enhancement, primarily meningeal in location, with additional, multiple small nodular areas in the deep white matter, which were not enhancing.
- h. Dr. Rorick noted in a letter to Dr. Brewer: "This appears to be a mild disequilibrium syndrome which may represent a postvaccination effect."
- i. Ms. Parker was re-admitted to Bethesda North Hospital on October 21, 1998, with a diagnosis of "acute cerebritis" and a secondary diagnosis of "post influenza vaccine reaction."
- j. On October 21, 1998, Dr. Rorick wrote a neurology note that states in part: "Patient is 52 Year old lady in good health until the week of 10/12/1998, within 48 hours of receiving a flu shot at Thriftway in Blue Ash on 10/10. Initial symptoms unsteady gait, numbness in both hands, headache mainly [r] side."
- k. On October 25, 1998, Ms. Parker was discharged from Bethesda North Hospital to home, with a principle diagnosis of "encephalitis following immunization procedures."
- l. Ms. Parker was again admitted to Bethesda North Hospital on October 27, 1998 for increasing ataxia with titubation and an uninhibited voiding problem; the meningeal enhancement on the MRI during this admission was decreasing. The principle diagnosis explaining her admission was "Post Flu shot Cerebritis."
- m. Silvania Ng, M.D., a neurologist, saw Ms. Parker as a consultant on October 29, 1998; Dr. Ng reported in her assessment: "Plan: severe ataxia, Status post flu shot. I did contact the CDC and have talked to Dr. Carolyn Bridges, one of the doctors responsible for the bunch of flu vaccine, and she states that this whole picture could be secondary to the flu shot although is very rare such report . . ."
- n. Ms. Parker was discharged from the hospital on November 9, 1998, two weeks later.
- o. Ms. Parker was again admitted on November 14, 1998 as an inpatient to Bethesda North Hospital with a primary admitting diagnosis of "probable deep vein thrombosis of LT (sic) leg." Ms. Parker was discharged from the hospital on November 17, 1998.
- p. On December 25, 1998, Ms. Parker was taken to the Emergency Room of Bethesda North Hospital with a chief complaint of hearing voices.



- q. The psychotic behavior continued, and on December 26, 1998 Ms. Parker was admitted to Bethesda North Hospital with an admitting diagnosis of acute confusional state; during the hospitalization on December 28, 1998, Ms. Parker underwent another MRI; there was a finding of a new small focus of high signal on this MRI, with irregular enhancement in the right frontal-parietal region, with progressive white matter disease in the corona radiata bilaterally when compared to the October 28, 2004 study.
  - r. On December 29, 1998 Ms. Parker was transferred to the Cleveland Clinic Foundation Hospital, under Dr. M. May's care; during this hospitalization, there was a thorough attempt to rule out other problems causing her neurological symptoms.
  - s. Ms. Parker was discharged to her home from the Cleveland Clinic on January 5, 1999 with the principle diagnosis of ADEM.
7. On September 16, 2002 I signed an affidavit in this case stating that: based upon my review of Luann Parker's records, I state, within a reasonable degree of medical and scientific certainty, that her symptoms associated with ADEM (acute disseminated encephalomyelitis) were caused by her vaccination received in October of 1998. Furthermore, additional symptoms associated with steroid treatment of ADEM represent secondary effects following the vaccination.
  8. Since then I have reviewed the neuroimaging studies of Ms. Parker, the Summary of Independent Medical Examination and Expert Report of Dr. Geoffrey Eubank, and the Defendant's Motion for Summary Judgment with the attachment.
  9. I have also researched and am familiar with the relevant literature concerning the link between vaccinations and ADEM.
  10. It is still my opinion, based on a reasonable degree of medical and scientific certainty, that Ms. Parker suffered from ADEM resulting from her influenza vaccination. That opinion is based on the medical record and the review of the scientific literature, the diagnosis by several physicians who were treating Ms. Parker, who ruled out other possible causes before concluding that she suffered from ADEM caused by the influenza vaccination.
  11. The association between influenza vaccine and ADEM is widely accepted and is noted in standard neurology textbooks. Examples of textbooks commonly used in medical schools include:
    - a. Rowland LP, Merritt's Neurology, 10<sup>th</sup> edition. Philadelphia: Lippincott Williams & Wilkins, 2000, pp. 151-153, which states, "Acute disseminated encephalomyelitis (ADE) may occur in the course of various infections, particularly the acute exanthematous diseases of childhood, and following



vaccinations.” It is associated with “vaccination against measles, mumps, rubella, **influenza**, and rabies.” (emphasis added)

- b. Rust R, and Menkes JH. “Autoimmune and postinfectious diseases.” In Menkes, JH, Sarnat HB, eds. Child Neurology, 6<sup>th</sup> edition. Philadelphia: Lippincott Williams & Wilkins, 2000, pp. 641-645, which states, “ADEM can develop after vaccination with a wide variety of killed or attenuated organisms. These include rabies vaccine, Japanese encephalitis, and **influenza** vaccines.” (emphasis added)
  - c. Rust and Menkes also concluded that with ADEM “[m]eningeal inflammation also may be found. Severe cases may show disseminated hemorrhages, a syndrome that has been designated acute hemorrhagic encephalopathy.” These are the findings in the case of Ms. Parker.
  - d. Osborne AG. Diagnostic Neuroradiology. St. Louis: Mosby Year Book, 1994, p.704, which says, “Acute disseminated encephalomyelitis (ADEM) is an immune-mediated response to a preceding viral infection or vaccination. ADEM occurs in several settings as follows:
    1. Shortly after a specific viral illness, particularly exanthematous childhood diseases such as measles or chicken pox
    2. Following a non-specific, presumably viral, upper respiratory infection
    3. Following vaccination against rabies, diphtheria, smallpox, tetanus, typhoid, or **influenza**
    4. Spontaneously” (emphasis added)
12. Bale JF. Neurologic complications of immunization. *J Child Neurol* 2004; 19:405-412, a current review of vaccination effects, indicates that ADEM is a possible effect of the influenza vaccine.
13. General principles of clinical epidemiology guide us in defining studies likely to provide a valid answer to whether or not an influenza vaccine can cause ADEM. Ideally, there would be a randomized, placebo-controlled clinical trial, comparing outcomes for patients exposed and patients not exposed to influenza vaccine. The number of patients required to detect important but rare adverse effects, however, would be prohibitive. It is for this reason that no such “epidemiologic evidence” exists. The next best way to answer the question is to conduct a cohort study, comparing a group that received the vaccine with a group that did not. This is a study that follows patients forward in time after receiving a vaccine. Because assignment to the groups is not random, it is impossible to guarantee that both groups are equivalent. Bias in patient grouping is introduced, and problems with infrequent complications requires Herculean effort to detect rare effects. The next most

effective tool is a case-controlled study, in which—after the fact—patients who have the adverse effect are compared to those who do not. The medical literature contains none of these studies. This leaves academic clinicians like myself to depend upon case series or individual case reports in which there is no comparison group. The only thing that can be ascertained from these reports is that an adverse effect *can* occur (but not necessarily *must* occur). Therefore, to say that, because no epidemiological studies have been done, no cause and effect relationship exists is not valid.

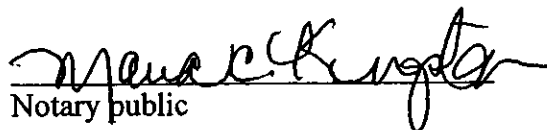
14. In addition, unlike other vaccinations such as MMR and DPT, the influenza vaccination changes from year to year because the strains of influenza change from year to year. Consequently there are a limited number of similar vaccine exposures to accumulate.
15. The Defendant's expert's conclusion about the "episode of neurologic dysfunction" is diagnostically inadequate. Without reviewing details of Ms. Parker's medical record or considering contemporaneous impressions of her physicians, he is content to say that she did not have typical ADEM and therefore her illness was not caused by the vaccine. Dr. Eubank fails to offer a plausible alternative diagnosis and he overlooks the temporal relationship between vaccine and illness which must be considered.
16. Case studies concerning the association between vaccination and ADEM do appear in medical literature. These include:
  - a. Yahr MD and Lobo-Atunes J. Relapsing encephalomyelitis following the use of influenza vaccine. *Arch Neurol* 1972; 27:182-183.
  - b. Ehrengut W and Allerdist H. Über neurologische Komplikationen nach der Influenzaschutz-impfung. *Münch med Wschr* 1977; 119:705.
  - c. Gross WL, Ravens KG, Hansen HW. Meningoencephalitic syndrome following influenza vaccination. *J Neurol* 1978; 217:219-222.
  - d. Saito H, Endo M, Takase S, Itahara K. Acute disseminated encephalomyelitis after influenza vaccination. *Arch Neurol* 1980; 37:564-566.
17. This medical literature demonstrates that influenza vaccines can cause ADEM.
18. Given the temporal relationship between the administration of Defendant's vaccination and the onset of symptoms, it is my opinion that Defendant's vaccine caused Ms. Parker's ADEM.
19. In conclusion, I concur with the neurologists at Bethesda North Hospital, the Cleveland Clinic Foundation, and the Centers for Disease Control: Ms. Parker suffered from ADEM caused by the influenza vaccination she received on October 10, 1998.

FURTHER THE AFFIANT SAYETH NAUGHT.

Handwritten signature of David A. Griesemer in cursive, followed by a superscripted "10".

David A. Griesemer, M.D.

Sworn to and subscribed before me this 16<sup>th</sup> day of September, 2004.

Handwritten signature of the Notary Public in cursive, written over a horizontal line.

Notary public

*My Commission Expires March 19, 2013*

**CURRICULUM VITAE**

**Name:** David A. Griesemer, M.D. **Birthdate:** January 6, 1951

**Home Address:** 1207 Southern Oak Way  
Mt. Pleasant, SC 29466 **Phone:** 843/849-1474  
**Mobile Phone:** 843/437-1955

**Office Address:** Medical University of SC  
Department of Neurology  
96 Jonathan Lucas Street  
Charleston, SC 29425 **Phone:** 843/792-3224  
**Fax:** 843/792-1763  
**Email:** griesemer@postmaster.co.uk

**Citizenship:** USA

**Education (beginning with Baccalaureate degree)**

<u>Institution/Location</u>	<u>Years</u>	<u>Degree/Date</u>	<u>Field of Study</u>
Johns Hopkins University Baltimore, MD	1969-1972	BA/1972 Cum Laude	Human Biology
Johns Hopkins University School of Medicine Baltimore, MD	1972-1976	MD/1976	Medicine

**Internship**

<u>Place</u>	<u>Dates</u>
Johns Hopkins Hospital Baltimore, MD	1976-1977

**Residency or Postdoctoral**

<u>Place</u>	<u>Dates</u>
Johns Hopkins Hospital Baltimore, MD Assistant Resident in Pediatrics	1977-1978

University of Michigan Hospitals Ann Arbor, MI Child Neurology Fellow	1982-1985
-----------------------------------------------------------------------------	-----------

**Specialty/Board Certification**

American Board of Psychiatry and Neurology  
Neurology with Special Competence in Child Neurology  
1992 (Certificate 821)

American Board of Psychiatry and Neurology  
Clinical Neurophysiology  
1997 (Certificate 828)

David A. Griesemer, M.D.  
Page 2

**Licensure**

Maryland (D19541), 1976-1993  
Michigan (44935), 1982-1985  
Arizona (15236), 1985-present  
South Carolina (16681), 1993-present

**Military Service**

Active Duty  
US Public Health Service  
Keams Canyon, AZ  
1978-1982

Active Reserves  
US Air Force Reserve  
Wurtsmith Air Force Base (SAC)  
Luke Air Force Base (TAC)  
1982-1989

**Faculty Appointments (begin with initial appointment)**

<u>Years</u>	<u>Rank</u>	<u>Institution</u>	<u>Department</u>
1990-1993	Assistant Professor	University of Arizona College of Medicine Tucson, AZ	Pediatrics; Neurology
1993-1997	Assistant Professor	Medical University of South Carolina Charleston, SC	Neurology; Pediatrics
1997-2002	Associate Professor	Medical University of South Carolina Charleston, SC	Neurology; Pediatrics
2002-present	Tenure	Medical University of South Carolina Charleston, SC	Neurology; Pediatrics
2002-present	Professor	Medical University of South Carolina Charleston, SC	Neurology; Pediatrics

David A. Griesemer, M.D.  
Page 3

### **Administrative Appointments**

<u>Years</u>	<u>Position</u>	<u>Institution</u>	<u>Department</u>
1980-1982	Director, Keams Canyon Indian Hospital	US Public Health Service Phoenix Area Indian Health Service Keams Canyon, AZ	N/A
1990-1993	Director, Pediatric Epilepsy Unit	Arizona Health Sciences Center Tucson, AZ	N/A
1990-1993	Medical Director	Fan Kane Research Fund For Brain-Injured Children Tucson, AZ	N/A
1992-1993	Medical Director Pediatric Rehab Program	Rehab Institute of Tucson Tucson, AZ	N/A
1993-2000	Director, Pediatric Epilepsy Program	Children's Hospital Medical University of SC Charleston, SC	N/A
1994-2000 2004-present	Director, Clinical Neurophysiology Services	MUSC Hospital Charleston, SC	N/A
2000-present	Chairman, Department of Neurology	Medical University of SC Charleston, SC	Neurology

### **Hospital Appointments/Privileges**

<u>Active/Inactive</u>	<u>Institution</u>
Inactive	Public Health Service Indian Hospital, Keams Canyon, AZ
Inactive	Yavapai Regional Medical Center, Prescott, AZ
Inactive	Tucson Medical Center, Tucson, AZ
Inactive	University Medical Center, Tucson, AZ
Inactive	Rehab Institute of Tucson, Tucson, AZ
Active	Medical University of South Carolina, Charleston, SC
Inactive	Roper Hospital, Charleston, SC
Inactive	Thad E. Saleeby Development Center, Hartsville, SC
Active	East Cooper Regional Medical Center, Mt. Pleasant, SC

David A. Griesemer, M.D.  
Page 4

**Membership in Professional/Scientific Societies (including offices held)**

Local

Charleston County Medical Society

National

American Academy of Neurology  
American Academy of Pediatrics (Fellow), elected member  
American Epilepsy Society  
Child Neurology Society  
Society for Neuroscience, elected member  
American Academy of Sleep Medicine

**Editorial Positions**

*Johns Hopkins Medical Journal*  
Assistant Editor, 1974-1976

*MedLink Neurology* (Multimedia Internet and CD-ROM reference for Neurology)  
Associate Editor for Child Neurology, 1997-present

*Emedicine: Neurology* (Internet reference for neurology and pediatrics)  
Associate Editor for Child Neurology, 1999-present

**Extramural Grants/Award Amounts (current and past)**

*As Principal Investigator*

1994-1996	Gabapentin pediatric monotherapy trial: a multicenter, double-blind, placebo-controlled, parallel group study in pediatric patients with benign childhood epilepsy with centrotemporal spikes. Parke-Davis Research Foundation
1995-1998	An extended open-label gabapentin pediatric monotherapy trial following a double-blind study in pediatric patients with benign childhood epilepsy with centrotemporal spikes. Parke-Davis Research Foundation
1995-1996	A double-blind parallel group comparison of gabapentin versus placebo as add-on therapy for epilepsy in children. Parke-Davis Research Foundation
1995-1996	An open-label extension study of gabapentin in children with epilepsy who have participated in the double-blind study 945-186. Parke-Davis Research Foundation
1995-1997	Efficacy and safety of oral adjunctive vigabatrin therapy compared to placebo in children with uncontrolled complex partial seizures: A parallel group study. Hoescht Marion Roussel

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**Extramural Grants (Continued)**

- |           |                                                                                                                                                                                                                                                            |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1996-1998 | An open-label, follow-up, long-term maintenance study of vigabatrin as adjunctive therapy in children with uncontrolled complex partial seizures.<br>Hoescht Marion Roussel                                                                                |
| 1995-1996 | Lamotrigine as add-on therapy in patients with a clinical diagnosis of Lennox-Gastaut syndrome (severe generalized epilepsy of childhood onset): a multicenter, double-blind, placebo controlled, parallel study.<br>Glaxo Wellcome Research & Development |
| 1995-1996 | An open-label study of Lamictal in patients who previously participated in a Lamictal pediatric trial.<br>Glaxo Wellcome Research & Development                                                                                                            |
| 1999-2000 | Gabapentin pediatric add-on trial: A randomized, double-blind, placebo-controlled, parallel-group, multicenter study in patients with partial seizures.<br>Parke-Davis Pharmaceutical Research                                                             |
| 1999-2000 | Open-label, safety study of gabapentin as adjunct therapy in children aged 1 month through 4 years with seizures uncontrolled by current anticonvulsant drugs.<br>Parke-Davis Pharmaceutical Research                                                      |
|           | A 19-week, randomized, double-blind, multicenter, placebo-controlled safety study to evaluate the cognitive and neuropsychological effects of levetiracetam as adjunctive treatment in children with refractory partial onset seizures.<br>UCB Pharma      |
|           | A multicenter, open-label, long-term follow-up study of the safety and efficacy of levetiracetam in children with partial onset seizures.<br>UCB Pharma                                                                                                    |

**Intramural Grants/Award Amounts***As Principal Investigator*

- |            |                                                                                                                                                    |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------|
| 1992-1993  | Language impairment in children with focal epileptic discharges<br>Biomedical Sciences Research Grant<br>University of Arizona College of Medicine |
| 1994-1997  | Electroconvulsive therapy for intractable seizures in children (HR#6244)<br>Medical University of South Carolina                                   |
| 1995-1996  | Neurologic morbidity and development following elective circulatory arrest in infants (HR#6379)<br>Medical University of South Carolina            |
| 1996 -1998 | Determination of multi-modality evoked potentials at MUSC (HR#6641)<br>Medical University of South Carolina                                        |
| 1997-1999  | Sleep disorders in children with epilepsy (HR#7215)<br>Medical University of South Carolina                                                        |



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*As Co-Investigator*

1997-2000

Lovastatin therapy for X-linked adrenoleukodystrophy (HR#7210)  
G. Shashidhar Pai, MD, PI  
Medical University of South Carolina

*As Consultant*

2000-2001

Learning impairments among survivors of childhood cancer (HR#8351)  
R. Brown, PhD, PI  
Medical University of South Carolina

2003-

Pediatric hydroxyurea Phase III clinical trial (BABY HUG)  
Julio Barredo, MD, PI (Medical University of South Carolina)  
National Heart, Lung and Blood Institute

South Carolina epidemiological studies of epilepsy and seizure disorders  
Anbesaw Selassie, PhD, PI (Medical University of South Carolina)  
CDC / National Center for Injury Prevention and Control

**Awards/Honors/Membership in Honorary Societies**

1980

Isolated Hardship Award  
US Public Health Service  
Keams Canyon, AZ

1987

Achievement Medal for Meritorious Service  
US Air Force  
Washington, DC

1992

Dean's Teaching Scholar  
University of Arizona College of Medicine  
Tucson, AZ

1993

Virginia Furrow Grant for Innovation in Medical Education  
University of Arizona College of Medicine  
Tucson, AZ

1993

Neurology Teaching Award  
Department of Neurology  
University of Arizona College of Medicine  
Tucson, AZ

2000

Award of Tenure, College of Medicine  
Medical University of South Carolina  
Charleston, SC

2001-2004

Jeffrey E. Gilliam Chair in Child Development  
Medical University of South Carolina  
Charleston, SC

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**Extramural Professional Activities**

American Academy of Neurology  
Residency Inservice Examination Subcommittee  
1998-2001

Child Neurology Society  
Practice Committee  
1999-present

**Publications**

Peer Reviewed Journal Articles

1. Griesemer DA, Winkelstein JA, Luddy R. Pneumococcal meningitis in major sickle hemoglobinopathy. *J Pediatr* 1978;92:82-84.
2. Griesemer DA, Barton LL, Reese CM, Johnson PC, Gabrielson JAB, Talwar D, Visvesara GS. Amebic meningoencephalitis caused by *Balamuthia mandrillaris*. *Pediatr Neurol* 1994;10:249-254.
3. Griesemer DA, Theodorou AA, Berg RA, Spera TD. Local fibrinolysis in a child with cerebral venous thrombosis. *Pediatr Neurol* 1994;10:78-80.
4. Talwar D, Baldwin MB, Hutzler R, Griesemer DA. Epileptic spasms in older children: persistence beyond infancy. *Epilepsia* 1995;36:151-155.
5. Griesemer DA. Pergolide in the treatment of Tourette syndrome. *J Child Neurol* 1997;12:402-403.
6. Griesemer DA, Kellner CH, Beale MD, Smith GM. Electroconvulsive therapy for treatment of intractable seizures: Initial findings in two children. *Neurology* 1997;49:1389-1392.
7. Holden KR, Clarke SL, Griesemer DA. Long-term outcomes of conventional therapy for infantile spasms. *Seizure* 1997;6:201-205.
8. Motte J, et al. Lamotrigine for generalized seizures associated with the Lennox-Gastaut Syndrome. *NEJM* 1997;337:1807-1812.
9. Anderson DL, Spratt EG, Macias MM, Jellinek MS, Murphy JM, Pagano M, Griesemer DA, Holden KR, Barbosa E. Use of the pediatric symptom checklist in the pediatric neurology population. *Pediatr Neurol* 1999;20:116-120.
10. Anderson DL, Spratt EG, Macias MM, Jellinek MS, Murphy JM, Pagano M, Griesemer DA, Holden KR, Barbosa E. Use of the Pediatric Symptom Checklist in the pediatric neurology population. *Pediatr Neurol* 1999;20:116-120.
11. Moreland EC, Griesemer DA, Holden KR. Topiramate for intractable childhood epilepsy. *Seizure* 1999;8:38-40.
12. Helmers SL, Griesemer DA, Dean JC, Sanchez JD, Labar D, Murphy JV, Park YD, Shuman RM, Morris GL. Observations on the use of vagus nerve stimulation earlier in the course of pharmacoresistant epilepsy: patients with seizures for six years or less. *Neurologist* 2003;9:160-164

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Non-peer Reviewed Publications

1. Griesemer DA, Johnston MV. Kainate-induced seizures alter calcium channel antagonist binding. *Ann Neurol* 1984;16:178-184.
2. Griesemer DA, Baldwin MA. Visuopsychic dyskinesia. *Ann Neurol* 1992;32:443-444.
3. Griesemer DA, Talwar D, Hadden RO, Johnson MI, Baldwin MA. Reflex apnea with autonomic dysynergy (RAAD). *Epilepsia* 1993;34(Supplement 6):43.
4. Talwar D, Baldwin MA, Griesemer DA. Epileptic spasms in older children: Persistence beyond infancy. *Epilepsia* 1993; 34(Supplement 6):37.
5. Griesemer DA, Baldwin MA. Munchausen-by-proxy epilepsy in foster families. *Epilepsia* 1994; 35(Supplement 8):56.
6. Griesemer DA, Kayser HG. Language impairments and seizure disorders. *American Electroencephalographic Society*, 1994.
7. Talwar D, Weinand ME, Baldwin MA, Labiner DM, Griesemer DA, Oomen KJ. Surgical treatment of intractable symptomatic occipital epilepsy. *Epilepsia* 1994;35(S8):69.
8. Lookadoo SE, Holden KR, Griesemer DA. Felbamate therapy in childhood-onset epilepsy. *Epilepsia* 1995;36(Supplement 4):5.42.
9. Spratt EG, Anderson D, Pagano M, Richardson S, Jellinek M, Murphy JM, Griesemer D, Edwards EJ, Macias M. Comorbidity of pediatric neurologic disorders and psychosocial function. *American Academy of Child and Adolescent Psychiatry*, 1995.
10. Spratt E, Anderson D, Macias M, Pagano M, Jellinek M, Griesemer D, Holden K, Barbosa E. Comorbidity of psychiatric and language disorders in pediatric neurology. *American Academy of Child and Adolescent Psychiatry*, 1997.
11. Moreland EC, Griesemer DA, Holden KR. Topiramate: A timely AED for intractable childhood epilepsy? *Epilepsia* 1997;38(Supplement 8):193-194.
12. Anderson DL, Spratt EG, Macias MM, Murphy JM, Pagano M, Griesemer DA, Holden, KR, Barbosa E. Use of the pediatric symptom checklist in the pediatric neurology population. *Fifth International Congress of Behavioral Medicine, Copenhagen*, 1998.
13. Burgeois B, Brown LW, Pellock JM, Buroker M, Greiner M, Garofalo EA, Schimschock JR, Griesemer DA, Bebin ME, Murphy JV, The Gabapentin BECTS Study Group. Gabapentin (Neurontin) monotherapy in children with benign childhood epilepsy with centrotemporal spikes (BECTS): A 36-week, double-blind, placebo-controlled study. *Epilepsia* 1998;39(Supplement 6):163.
14. Messenheimer JA, Haynie CJ, Risner ME, Lamictal US 41 Pediatric Study Group: Long-term tolerability of Lamictal in pediatric patients. *Epilepsia* 1998;39(Supplement 6):51-52.
15. Spratt EG, Anderson DL, Macias M, Jellinek M, Holden KR, Griesemer D, Barbosa E: Collaborative screening of psychiatric and language disorders in pediatric neurology clinics. Eleventh Annual Research Conference, Louis de la Parte Florida Mental Health Institute, Tampa FL, 1998.

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16. Ray S, Shields D, Griesemer D, Wilford G, Matzelle D, Hogan E, Banik N. Programmed cell death and calpain activation occur maximally in rat SCI lesion. Society for Neuroscience, Los Angeles CA, 1998.
17. Schaecher K, Rocchini A, Ali S, Imam S, Griesemer D, Banik NL. Calpain expression in MPTP treated C57BL/6 mice. Society for Neuroscience, San Diego CA, 2001.
18. Sur P, Patel SJ, Griesemer DA, Ray SK, Banik NL. Dexamethasone decreases temozolomide induced apoptosis in human glioblastoma T98G cells. Program No. 802.3. *2002 Abstract Viewer/Itinerary Planner*. Washington, DC: Society for Neuroscience.
19. White S, Shen Q, Fan F, Griesemer D, Bhat NR. TAK1-mediated induction of nitric oxide synthase and cytokine gene expression in glial cells. Program No. 103.12. *2003 Abstract Viewer/Itinerary Planner*. Washington, DC: Society of Neuroscience.
20. Stucki BL, Matzelle DD, Bolognani F, Perrone-Bizzozero NI, BanikNL, Griesemer DA, Ray SK. Upregulation of calpain in neuronal apoptosis in kainic acid induced seizures in rats. *2004 Abstract Viewer/Itinerary Planner*. Washington, DC: Society for Neuroscience.
21. Guyton MK, Imam S, Sribnick EA, Matzelle DD, Griesemer DA, Ray SK, Banik NL. Time course of axonal degeneration and neuronal death with activation of calpain in the spinal cord of lewis rats with experimental allergic encephalomyelitis. *2004 Abstract View/Itinerary Planner*. Washington, DC: Society for Neuroscience.

#### Chapters in Scholarly Books and Monographs

1. Griesemer DA. Muscular dystrophy. In: *Griffith's 5 Minute Clinical Consult*, (Dambro MR, Griffith J, eds), Williams-Wilkins/Philadelphia PA, 1995:690-691; 1996:690-691; 1997:698-699; 1998:700-701.
2. Spratt EG, Anderson D, Pagano M, Macias M, Jellinek M, Murphy M, Griesemer D, Holden K, Barbosa. Collaborative screening of psychiatric and language disorders in pediatric neurology. In: *The 11<sup>th</sup> Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base* (Willis J, Liberton C, Kutash K, Friedman R, eds), Tampa: University of South Florida, The Louis de la Parte Florida Mental Health Institute, Research and Training Center for Children's Mental Health, 1999.
3. Griesemer DA, Waheed N. Muscular dystrophy. In *Griffith's 5 Minute Clinical Consult*, (Dambro MR, eds), Lippincott Williams & Wilkins/Philadelphia PA, 2000, 2001.

#### Peer-reviewed Electronic Publications

1. Griesemer DA. Neonatal meningitis. In: *eMedicine Neurology*, (Lorenzo NY, ed), eMedicine.com/St. Petersburg FL, 2001.
2. Griesemer DA. Lead. In: *eMedicine Neurology*, (Lorenzo NY, ed), eMedicine.com/St. Petersburg FL, 2001.

#### Non-peer Reviewed Electronic Publications

1. Griesemer DA. Focal cortical dysplasia. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla, CA, 1995.
2. Griesemer DA. Acute hemiplegia of childhood. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla CA, 1995, 1997.

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3. Griesemer DA. Craniosynostosis. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla, CA, 1995, 1997.
4. Griesemer DA. Incontinentia pigmenti. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla CA, 1995, 1997.
5. Griesemer DA. Hemimegalencephaly. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla CA, 1995, 1998.
6. Griesemer DA. Cerebral venous thrombosis in infants and children. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla CA, 1997.
7. Griesemer DA. Breath-holding spells. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla CA, 1998.
8. Griesemer DA. Opsoclonus-myoclonus syndrome. In: *Neurobase* (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/La Jolla CA, 1995, 1998.
9. Griesemer DA. Tuberous sclerosis complex. In: Gilman S. *Neurobase*. (Gilman S, Goldstein G, Waxman S, eds), Arbor Publishing Corp/San Diego CA, 1999.
10. Holden KR, Griesemer DA. Neurologic complications of congenital heart disease. In: *Neurobase* (Gilman S, ed), Arbor Publishing Corp/San Diego CA, 1999.
11. Steedman J, Griesemer D. Mental retardation. In: *Neurobase*. (Gilman S), Arbor Publishing Corp/San Diego CA, 1999.
12. Griesemer DA. Childhood lead poisoning. In: *MedLink Neurology* (Gilman S, ed, Arbor Publishing Corp/San Diego CA, 2001.
13. Griesemer DA, Carter TD. Acute hemiplegia in childhood. In: *MedLink-Neurobase*, (Gilman S, ed), Arbor Publishing Corp/San Diego CA, 2001.
14. Griesemer DA, Hutchison K. Incontinentia pigmentia. In: *MedLink Neurology*, (Gilman S, ed), MedLink Corp/San Diego, 2001.
15. Griesemer DA, Koury DW. Opsoclonus-myoclonus syndrome. In: *MedLink Neurology*, (Gilman S, ed), MedLink Corp/San Diego CA, 2001.
16. Griesemer DA, Mushtaq R. Tuberous sclerosis complex. In: *MedLink Neurology*, (Gilman S, ed), MedLink Corp/San Diego CA, 2001.
17. Griesemer DA, Pitman GM. Cerebral venous thrombosis in infants and children. In: *MedLink Neurology*, (Gilman S, ed), MedLink Corp/San Diego CA, 2001.
18. Griesemer DA, Sobczak JM. Craniosynostosis. In: *MedLink Neurology*, (Gilman S, ed), MedLink Corp/San Diego CA, 2001.
19. Griesemer DA, Williams TJ. Hemimegalencephaly. In: *MedLink Neurology*, (Gilman S, ed), MedLink Corp/San Diego CA, 2001.

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20. Steedman JG, Weinstein B, Miller G, Griesemer DA. Mental retardation. In: *MedLink Neurology*, (Gilman S, ed), MedLink Corp/San Diego CA, 2001.
21. Turner RP, Griesemer DA. Breath-holding spells. In: *MedLink Neurology* (Gilman S, ed), MedLink Corp/San Diego CA, 2001.
22. Griesemer DA, Li M. Muscular dystrophy. In: *Griffith's 5 Minute Clinical Consult* (Dambro M, ed), Lippincott Williams & Wilkins/Philadelphia PA, 2002.

Other

1. Griesemer DA. A Textbook of Epilepsy, by Laidlaw and Richens [book review]. *Johns Hopkins Med J* 1977; 141:301
2. Griesemer DA. Mammalian Parenting: Biochemical, Neurobiological and Behavioral Determinants, (Krasnegor NA, Bridges RS, ed) [book review]. *JAMA* 1991;265:1033.
3. Griesemer DA, Johnson MI. Guillain-Barre syndrome and plasmapheresis in childhood [letter]. *Ann Neurol* 1991;29:688.
4. Griesemer DA. The case of Rebecca Montoya (Opsoclonus-myoclonus syndrome). *DxR* [interactive computer-based case study]. Carbondale IL, DxR Development Group, 1994.

Re: Luann Parker  
June 10, 2004  
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status appeared normal. We did a Folstein Mini-Mental Status Examination, which was normal, with the exception that she was not aware of the county (she is not from this county, however). Her clock drawing was normal. She was able to generate a word list of 27 animals in 1 minutes (above normal). She was able to describe proverbs and similarities without difficulty. There are no signs of apraxia.

Review of her testing revealed that her original MRI scan, in October of 1998, had scattered foci of abnormal signal in the periventricular white matter and also in the high parietal region. There was some enhancement in these lesions. These are more pronounced on the December scan (1998). There is also left meningeal thickening and enhancement in the parietal regions and there are even some areas of possible hemorrhage. He repeated her MRI scan on February 26, 1999, which showed a new area of signal abnormality, that was felt to be likely petechial hemorrhage change with some new enhancement in the left thalamus.

It should be noted that she had some mild atrophy noted, even on her original MRI.

Multiple lumbar punctures were done and did not show any significant abnormalities. Specifically, she had fewer white cells, normal protein, normal IgG synthesis rate and negative cultures. She had a number of other tests, the relevant abnormalities being, at one time, she had an elevated sedimentation rate and C-reactive protein. She also was found to have antiplatelet antibodies, suggestive of idiopathic thrombocytopenic purpura (ITP). She was also diagnosed with a DVT and was noted to have a factor V Leiden.

She had a cerebral angiogram that did not show any significant abnormalities.

In summary, Luann Parker had an episode of neurologic dysfunction, manifest by headache, whole body numbness and apparent seizure and some mental status changes. She was treated with steroids along the way. It was unclear, from the various examining physicians, exactly what she had. The possibility of acute demyelinating encephalomyelitis was posed as a possible explanation, although I think that it not a tenable diagnosis here. She had a neurologic syndrome that showed evidence for active changes five months into the illness, which is not at all typical (in fact not characteristic) of acute demyelinating encephalomyelitis (ADEM). This is a monophasic illness, rather than a prolonged illness, such as this. Symptoms, going on for a few weeks at most, are residual but, certainly, progressive problems and, more importantly, progressive MRI abnormalities would not fit with the diagnosis. I don't think a formal diagnosis was made and that was evident by the various neurologists, who saw her, and their uncertainty about her diagnosis.

In summary, I don't believe that Luann Parker had ADEM, for the reasons described. I am not aware of any studies suggesting that the flu vaccine is causative of ADEM and, in this case, given the absence of a diagnosis of ADEM, I think it is a moot point, anyway.

Warmest regards,

  
Geoffrey A. Eubank, M.D.

GAE:jlm



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## Adult Neurosurgery

Edward J. Kosnik,  
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Janet W. Bay, M.D.  
Sigurdur A. Stephensen,  
M.D., F.A.C.S.  
Scott W. Elton, M.D.  
Mark A. Hillen, M.D.  
Ward P. Buster, D.O.  
Rebecca P. Brightman,  
M.D., F.A.C.S.

## Pediatric Neurosurgery

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## Adult Neurology

Robert H. Wyllie,  
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M.D., A.B.P.N.  
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Myron K. Saitlik, M.D.  
James E. Danner, M.D., F.A.C.S.

## Hospital Affiliations

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## SUMMARY OF INDEPENDENT MEDICAL EXAMINATION AND EXPERT REPORT

**DATE:** September 2, 2004

**PATIENT:** Luann Parker

**HISTORY:** Luann Parker is a 58-year-old right-handed woman who was here on June 10, 2004 for an independent medical examination. She states that on October 10, 1998, she had a flu shot at a grocery store. She had multiple flu shots prior to this and never had any difficulty. She states that, within a few days of that injection, she had some confusion. She was driving and was unsure where to turn. She also felt that there was a sense of internal numbness throughout her body. She was able to move with this. She ended up calling 911 and went to the hospital. She told them she felt detached from her limbs. She is unsure of the diagnosis from the emergency room, but thinks they inferred that she had some sort of emotional breakdown and was sent home. Over the next few months, she had progressive difficulties. On one occasion, she was admitted to the hospital and was witnessed to have some sort of seizure, although she is not exactly what type. She also was having some gait difficulty of an unspecified type. She felt that her memory was not good. She entered the hospital several times and these symptoms kept worsening. She even was having difficulty sitting. She even had difficulty putting the covers over her and being able to tell time. At times, she would do some behaviors, such as rocking behavior. Her mother had died around this same time. Shortly after that, she became "psychotic", according to her sister. She stated that, on Christmas, she saw her "then-dead" mother coming in on a sunbeam. At that time, she was rocking very quickly. It was at that time, that the family requested her to be transferred and she was sent up to the Cleveland Clinic.

While at the Cleveland Clinic, she continued to have mental status changes and they were told that she had some sort of psychosis. She continued to have decreased memory. Things ended up stabilizing while she was up there and she gradually improved, to the point where she is now, two years later. Even a year afterward, she was still having difficulty coping and difficulty driving, because she couldn't process "too much information". She was unable to multitask. Today, she is fully independent and is back working. She still has some subtle residual difficulty, such as choking on her food, on occasion. She also feels that her left side is slightly weak or clumsy. She has a headache most mornings, but that does not persist. She feels that her recall is a little slow. She also feels a general sense of imbalance. She denies fevers, chills, weight loss, ongoing visual difficulty, hearing difficulty, chest pain, palpitations, bowel/bladder change, tremor, ongoing seizures, numbness, loss of consciousness or depression.

She has history of hypertension, high cholesterol, diabetes, migraines and blood clots. The latter is due to a factor V mutation. She takes Lipitor and Coumadin. Codeine makes her vomit.

She does not smoke or drink. She notes no neurologic problems in the family, with the exception of migraine.

**EXAMINATION:** BP 140/90, P-80, R-16. She is well nourished and in no acute distress. Funduscopic exam was benign. Her heart was regular without murmurs. There were no cranio-cervical bruits. Cranial nerves were intact. Her motor examination showed no true neurologic weakness. There was some slight giveaway weakness in her left arm, but normal power was able to be demonstrated. Finger-to-nose and heel-to-shin testing and rapid alternating movements were all normal. Gait was normal. A Romberg was negative. Sensation to pinprick, light touch, temperature and vibratory were all normal. Her reflexes were 2+ and symmetric throughout. Toes were downgoing. Her mental

EXHIBIT

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